H1N1 Influenza in Pregnancy
Information for Providers

In planning for pandemic H1N1, obstetric providers should work with local hospitals and health care coalitions to develop specific preparations for pregnant women and newborns.

Pregnant women and women in the first two weeks postpartum are at high risk for severe complications if they acquire influenza. During April and May 2009, pregnant women were four times more likely to be hospitalized with H1N1 influenza than the general population. Pregnant women represent about one percent of the United States population and about six percent of those hospitalized. In Washington State 14 percent of deaths due to H1N1 were pregnant women.

H1N1 is still occurring in this state and is expected to increase in the fall. It is imperative that pregnant women with influenza illness get treated with antiviral medications and acetaminophen for fever as soon as possible, regardless of trimester. If influenza is suspected, do not wait for test results to start treatment. Pregnant women should be advised to get both seasonal and H1N1 vaccinations this fall during any trimester of their pregnancy.

Public health planning for pregnant women should focus on both the pharmaceutical response to pandemic influenza and the non-pharmaceutical response. The pharmaceutical response will involve antivirals and vaccine. As H1N1 vaccine becomes available, pregnant women will be at the top of the priority list to receive it. Problems to be addressed in the planning process include:

- Ensuring that delivery of medications will be done in an effective and timely fashion that does not expose pregnant women to potentially infected people.
- Easing the concerns of pregnant women about taking medication and vaccines during pregnancy.
- Emphasizing the benefits of antiviral treatment and the safety of immunization during pregnancy.

In addition to the protection provided to the pregnant woman, influenza vaccination likely provides benefit to the newborn.

Health care providers who work closely with patients will likely be exposed to influenza. It is important that obstetric providers get vaccinated and become H1N1 vaccination providers.

If a woman should contract influenza during her pregnancy or early postpartum, she will need to start antiviral medication within the first 48 hours of symptom onset. Sick women should be monitored closely. If symptoms are mild, they should be encouraged to stay at home, with frequent phone consultation. However, given the increased risk of morbidity and mortality in pregnancy, a low threshold will be needed for transfer of pregnant women with influenza to an appropriate facility identified to treat patients with influenza.

We do not know the potential impact of H1N1 this fall. Now is the time for obstetric providers to begin working with their staff, local hospitals, and emergency health care coalitions to have systems in place for pregnant women and newborns. For more information go to the following Web sites:

U.S. Centers for Disease Control and Prevention
www.cdc.gov/h1n1flu/clinician_pregnant.htm
www.cdc.gov/h1n1flu/guidance/obstetric.htm

Washington State Department of Health
www.doh.wa.gov/h1n1/

This sheet provides guidance from the U.S. Centers for Disease Control and Prevention, American College of Obstetricians and Gynecologists, University of Washington Maternal-Fetal Medicine, and Washington State Department of Health.

Washington State Department of Health

DOH Pub 950-161 October 2009

What to do now to prepare
for a more serious H1N1 outbreak

Practice Preparations

- ❑ Develop a plan for your practice during influenza season. Include how to keep pregnant staff and pregnant patients separated from potentially infected patients.
  - **American College of Nurse-Midwives:** www.acnm.org/prepare_for_disaster.cfm
  - **U.S. Center for Disease Control and Prevention (CDC):** www.cdc.gov/h1n1flu/10steps.htm
- ❑ Provide women with information about planning for H1N1.
  - **CDC site:** www.cdc.gov/Features/Emergencies/Pregnancy-Infants.html
  - **Washington State Department of Health sites:** www.doh.wa.gov/phepr/handbook/hbk_pdf/list.pdf www.doh.wa.gov/h1n1/docs/pgpat.pdf
- ❑ Provide patients with a copy of their medical records in case they need to be seen in an emergency.
- ❑ Routinely confirm phone contact information on all pregnant women.
- ❑ Develop a practice plan to:
  - Educate patients about flu symptoms and to report immediately
  - Ensure rapid access to phone consultation and clinical evaluation
  - Isolate sick women
  - Monitor those you treat
  - Provide coverage for sick staff. Include agreements with other providers to pool resources as necessary
  - Consider treatment of pregnant women based on phone contact if hospitalization is not indicated and if this will reduce delay in treatment
- ❑ Maintain a contact list for local emergency health care coalitions.
- ❑ Get H1N1 vaccination for yourself and your staff as soon as it is available.
- ❑ Provide H1N1 vaccines in your office. Vaccine is free and you can bill an administration code.
- ❑ Find out ways you can volunteer your services as a medical provider. The Washington State Department of Health maintains a volunteer registry to support surge capacity needs. Any licensed medical provider can register. There are no obligations to serve. **Washington Health Volunteers in Emergencies (WAHVE):** www.doh.wa.gov/phepr/wahve/default.htm

Patient Care through 2 weeks Postpartum

- ❑ Promote seasonal and H1N1 influenza vaccine for women at visits prior to conception, during pregnancy, and postpartum.
  CDC site on H1N1 vaccine: www.cdc.gov/h1n1flu/vaccination
- ❑ Provide pneumococcal vaccine to women with immune suppressing conditions such as lupus, diabetes, asthma, and heart and lung disease.
- ❑ Test pregnant women with H1N1 signs/symptoms as directed by state or local public health jurisdictions.
- ❑ Begin antiviral and fever treatment at time of testing, preferably within the first 48 hours. If confirmatory test is negative, treatment can be discontinued.
  CDC sites for testing and treatment information: www.cdc.gov/h1n1flu/pregnancy/antiviral_messages.htm www.cdc.gov/h1n1flu/guidance/rapid_testing.htm

  Contact women on treatment within 24 hours of therapy to evaluate response and at 48 hours to check status and need for additional evaluation or hospitalization.

  Licensed midwives will need to make arrangements with a provider having prescriptive authority to assure that their patients get antiviral medication. Possible options include referral to the woman's primary care, another obstetric provider, or urgent care center.
- ❑ Consider treating women who have had close contact with someone with confirmed or suspected H1N1 with prophylactic antiviral medication.
  CDC site on antiviral medication: www.cdc.gov/h1n1flu/pregnancy/antiviral_messages.htm
- ❑ Report H1N1 cases to the local health jurisdiction where the patient resides.
- ❑ Encourage pregnant women to breastfeed their newborns, and provide detailed information about protecting newborns if the mother has flu symptoms.
  CDC updates: www.cdc.gov/h1n1flu/infantfeeding.htm
- ❑ **CDC guidance for care of pregnant women in obstetric settings:** www.cdc.gov/h1n1flu/guidance/obstetric.htm www.cdc.gov/h1n1flu/clinician_pregnant.htm

  For more information on H1N1 in Washington State: www.doh.wa.gov/h1n1/